

South Dakota Board of Hearing Aid Dispensers and Audiologists
135 East Illinois, Suite 214
Spearfish, SD 57783

Please Print or Type

**VERIFICATION OF COMPLETED SUPERVISED PRACTICUM
WHEN ASHA CERTIFICATION HAS NOT BEEN OBTAINED**

Applicant's Name: _____
Last First Middle

TO BE COMPLETED BY SUPERVISING AUDIOLOGIST

The above-named individual has applied for licensure as an audiologist in the State of South Dakota. South Dakota licensing law requires verification of completion of a supervised graduate professional experience in audiology supervised by a licensed or certified audiologist. You are being asked to certify the experience of this applicant. Attesting to this applicant's experience is a vital element of the licensing process. Any misstatements by a licensed audiologist in completing this form may constitute unethical or unprofessional conduct.

Please return the completed form directly to the Board Office. The application for licensure cannot be processed until this completed form is received by the Board.

1. Name, address and phone number of agency where experience was obtained: _____

2. Name address and phone number of audiologist responsible for supervising the applicant's experience: _____

State where supervisor licensed: _____
Supervisor's License # _____ Date issued: _____ Current Y/N

3. Inclusive dates of applicant's experience:
Starting date _____ Completion date _____

4. Applicant's title during experience: _____

5. Applicant's position during experience: _____

6. Applicant worked full time _____ or part-time _____
(hours/week) (hours/week)

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of supervising audiologist

Date

Please Print Name